MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7894

07892

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 — LENGTH OF STAY (in this place) 1 week	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerxtown 03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital 20	STREET ADDRESS (If rural give location) 55 Elizabeth St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Baker				4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1954	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: May 26, 1882	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): pipe fitter		10B. KIND OF BUSINESS OR INDUSTRY: W. Md. R. R. Co.	11. BIRTHPLACE (State or foreign country): Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John A. Baker			14. MOTHER'S MAIDEN NAME: Martha Reese		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-09-1352	17. INFORMANT & ADDRESS: Mrs. Carrie Mason Mercersburg, Pa.		

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1954, to Aug 21, 1954, that I last saw the deceased alive on Aug 26, 1954, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Louis G. Griff M. D. ADDRESS 119 E. Antietam DATE SIGNED 8/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial	DATE THEREOF 9-1-54	NAME OF CEMETERY OR CREMATORY Fairfield	LOCATION (City, town, or county) Fairfield (State) Pa.
DATE REC'D BY LOCAL REGISTRAR Aug. 31, 1954	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 6

M

1

RECEIVED
SEP 2 1954
BUREAU V. S.

7942 MARYLAND STATE DEPARTMENT OF HEALTH 07893

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 307 76

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weaverton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 06.27.2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland R.R.Crossing	STREET ADDRESS (If rural, give location) 114 Willis Street

3. NAME OF DECEASED (Type or Print)	(First) Minnie	(Middle) LaMar	(Last) Bennett	4. DATE OF DEATH	(Month) Aug. (Day) 21 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov.4,1889	9. AGE last birthday 64 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Charles Town, W. Va	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James F. Briscoe	14. MOTHER'S MAIDEN NAME Minnie G. Butler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. ----------	17. INFORMANT AND ADDRESS John L. Bennett Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

810X

Immediate cause (a) Open fracture of skull ; open fracture of lower extremities

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highwsy - RR-crossing	(CITY OR TOWN) Weaverton	(COUNTY) Wash.	(STATE) Md.
TIME OF INJURY (Month) Aug. (Day) 21 (Year) '54 (Hour) 10:13AM DST	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Auto- trsin accident		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S Robin-l Wells M.D. — DEPUTY MEDICAL EXAM. WASH. CO., MD. — Degree — ADDRESS 115 N. Potomac S., Hagerstown,Md. — DATE SIGNED 8-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 23,1954	NAME OF CEMETERY OR CREMATORY Asbury Cemetery	LOCATION (City, town, or county) Reisterstown (State) Md.
DATE REC'D BY LOCAL REG. Aug 22 1954	REGISTRAR'S SIGNATURE ~~Hiamut Mueller~~ Katherine Dagenhart mat	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07894

7943 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: Wash. COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown X
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nalley Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 67 East Ave.

3. NAME OF DECEASED: (First) Effie (Middle) May (Last) Biershing
4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Sept. 4, 1885	68 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife	own home	Washington Co. Md.	

13. FATHER'S NAME: Thomas J. Artz
14. MOTHER'S MAIDEN NAME: Susan Eavey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	214-09-1941	Miss Elizabeth Artz, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiovascular collapse — hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Post-influenzal encephalitis — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dehydration & inanition — Days

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 54, to Aug 21, 1954, that I last saw the deceased alive on Aug 20, 19 54, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE Louis Smith M.D. ADDRESS M.D. 119 E Antietam DATE SIGNED 8/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	8-24-54	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 24, 1954	Chas. H. Bowers	Scott F. Minnich & Son, Hagerstown

VS. A15—10-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 1954
BUREAU V. S.

07895

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7944

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weverton X
LENGTH OF STAY (in this place) 57 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weverton X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Laurie (Last) Bingham

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 12-17-1874
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Robosson
14. MOTHER'S MAIDEN NAME: Martha Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Grace Holder Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4222
Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 7 yrs.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Grippe — 1 week

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1952, to 8/5, 1954, that I last saw the deceased alive on 8/3, 1954, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE W. S. Carpenter (DEGREE OR TITLE) M. D. ADDRESS Lonettsville, Va DATE SIGNED 8/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-8-1954
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Knoxville Md. (State)

DATE REC'D BY LOCAL REG. Aug-9-1954
REGISTRAR'S SIGNATURE Mrs Katherine Dagenhart
24. FUNERAL DIRECTOR C. H. Fite & Bro Brunswick ADDRESS Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 10 1954
BUREAU V. S.

7895 MARYLAND STATE DEPARTMENT OF HEALTH 07896

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 S. Cannon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 28 S. Cannon Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Bixler

4. DATE OF DEATH: (Month) Aug. (Day) 13, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	June 12,1861	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Manufacturer	Tarlow	Carroll County	US

13. FATHER'S NAME: Aaron Bixler

14. MOTHER'S MAIDEN NAME: Mary Fair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ruth Bixler, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Arterio sclerotic myocardial	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	heart failure grade Iv	
(c)	secondary anemia(bleeding from bladder)	2yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/

19b. MAJOR FINDINGS OF OPERATION: Prostate hypertrophy - (cystotomy operation)

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) C. Robert Wells M.D. MED. EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 8/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 14, 1954	Rose Hill Cemetery	Hagerstown, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 14 1954	Ethel Bowers	Scott F. Minnich & Son.	Hag. Md.

VS. A15A

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07897

7896

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carlock Memo. Conv. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennasylvania COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg
STREET ADDRESS (If rural give location) 556 LincolnWay East

3. NAME OF DECEASED: (First) Annie (Middle) Shearer (Last) Black
4. DATE OF DEATH. (Month) Aug. (Day) 1 (Year) 1954
5. SEX. Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: April 28, 1863
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR, Months 3 Days 4 IF UNDER 24 HRS., Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carlisle, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William J. Shearer
14. MOTHER'S MAIDEN NAME. Mary Ann Stock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT & ADDRESS: Robert Barbour, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiovascular collapse — INTERVAL BETWEEN ONSET AND DEATH: Minute

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Aug 1, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 5 P.M, from the causes and on the date stated above.

SIGNATURE Louis D Smith M. D. ADDRESS 114 E Antrim DATE SIGNED 8/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-3-1954
NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery
LOCATION (City, town, or county) (State) Chambersburg, Pa.

DATE REC'D BY LOCAL REGISTRAR Aug. 2, 1954
REGISTRAR'S SIGNATURE Chas. H. Howard
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 4
BUREAU V. S

07898

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7897

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Big Spring, Md.
~~STREET ADDRESS~~ (If rural give location) Four Locks

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Ella Lee Bowers

4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1954 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: FEB. 3, 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Jones Spring, W. Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Butts
14. MOTHER'S MAIDEN NAME: Rebecca ————

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Charles Bowers- Big Spring, Md. R D

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 Days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/9/54, 19 ..., to 8/9/54, 19 ..., that I last saw the deceased alive on 8/9/54, 19 ..., and that death occurred at 8:55 P. M, from the causes and on the date stated above.

SIGNATURE R. L. Young M. D. ADDRESS Willi Amsterdam Md DATE SIGNED 8/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 12, 1954
NAME OF CEMETERY OR CREMATORY Green Spring Cemetery
LOCATION (City, town, or county) (State) Big Spring, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 12, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Florence P. Rowland
ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

AUG 16 1954
BUREAU V. S.

7898

07899

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville, Md.
STREET ADDRESS (If rural, give location) No Street Adress

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) Edward (Last) Bowman
4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-9-1890
9. AGE last birthday 64 yrs. If under 1 year Months 5 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President
10b. KIND OF BUSINESS OR INDUSTRY Eastern Grain Growers
11. BIRTHPLACE (State or foreign country) Leitersburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George H. Bowman
14. MOTHER'S MAIDEN NAME Ida V. Warble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-7831
17. INFORMANT AND ADDRESS Mrs. Amos E. Bowman, Chewsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Chemical Pneumonia (cooling refrigerator plant fumes)	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio- sclerotic myocardial heart disease	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Locker Plant (CITY OR TOWN) Smithsburg (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) Aug. (Day) 17 (Year) '54 (Hour) 4:30PM DST
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Ammonia pipes exploded

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE S. Robert Mells, M.D. (Degree or title) ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 8-24-54

MORIAL, CREMATION MOVAL (Specify) Burial
DATE THEREOF 8-25-54
NAME OF CEMETERY OR CREMATORY Smithsburg Mausoleum
LOCATION (City, town, or county) Smithsburg, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 24 1954
REGISTRAR'S SIGNATURE [illegible] Bowers
24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7945 **CERTIFICATE OF DEATH** 07900

FOR MEDICAL EXAMINERS

Reg. Dist. No. 300

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg, Md
LENGTH OF STAY (in this place) 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg, Md
STREET ADDRESS (If rural, give location) Sharpsburg, Md.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Augustus (Last) Brashears
4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 22, 1896
9. AGE last birthday 57 yrs. If under 1 year Months 8 Days 15 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SILK WEAVER
10b. KIND OF BUSINESS OR INDUSTRY RIBBON Co.
11. BIRTHPLACE (State or foreign country) Sharpsburg Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Brashears
14. MOTHER'S MAIDEN NAME Mary Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-09-3161
17. INFORMANT AND ADDRESS James Brashears, Sharpsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot into chest in region of heart — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (16 gaque shot gun)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 7 54 7:45 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self c̄ shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. Robert Wells MD, D.M.E. Wash. Co. Md, Hagerstown, Md. 8-7-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 10-54
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Md
DATE REC'D BY LOCAL REG. Aug 7 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07901

7899 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Greencastle
STREET ADDRESS (If rural, give location) RD3 - Greencastle

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) ALMA (Last) BURKHOLDER
4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 5/20/1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Peters Twp., Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Knauff
14. MOTHER'S MAIDEN NAME: Katherine Hohman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Glenn Burkholder RD3 Greencastle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 5 x 4 x

Immediate cause (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/17/54
19b. MAJOR FINDINGS OF OPERATION: Perforated gall bladder. Cholelithiasis. Peritonitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1939, to 8/20, 1954, that I last saw the deceased alive on 8/21, 1954, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE Mr Brewer, MD (DEGREE OR TITLE) ADDRESS Greencastle Pa. DATE SIGNED 8/22/54

23. BURIAL, CREMATION REMOVAL (Specify): B DATE THEREOF 8/24/54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Greencastle Pa.

DATE REC'D BY LOCAL REG. Aug. 22, 1954 REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR. A. E. Minnich ADDRESS Greencastle Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 24 1934
BUREAU V. S.

7900 **MARYLAND STATE DEPARTMENT OF HEALTH** 07902

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (In this place) 2 WEEKS; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY JEFFERSON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEARNEYSVILLE ROUTE TWO; STREET ADDRESS (If rural, give location) KEARNEYSVILLE ROUTE TWO

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WILLIAM (Last) CHAPMAN

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 4, 1889

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES C. CHAPMAN

14. MOTHER'S MAIDEN NAME: LUCY POPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT AND ADDRESS: MRS. VIOLA CHAPMAN RT 2 KEARNEYSVILLE W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis & hemiplegia — Interval between onset and death: 4 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, general

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1954, to Aug. 1, 1954, that I last saw the deceased alive on Aug. 1, 1954, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

SIGNATURY (Degree or title) ADDRESS DATE SIGNED

R. S. Stauffer M. D. Hagerstown, Md Aug. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 8/4/54

NAME OF CEMETERY OR CREMATORY: GREEN HILL CEMETERY

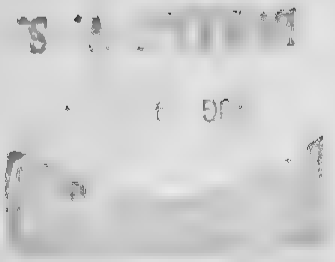
LOCATION (City, town, or county) (State): BERRYVILLE VIRGINIA

DATE REC'D BY LOCAL REG.: Aug. 2, 1954

REGISTRAR'S SIGNATURE: W. [illegible] Bowers

24. FUNERAL DIRECTOR: SMITH AND STRIDER FUNERAL HOME

ADDRESS: CHARLESTOWN W. VA.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07903

7901 CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 240 S. Potomac St.)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 240 S. Potomac

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Lenora (Last) Claire

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 15, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Roessner

14. MOTHER'S MAIDEN NAME: Catherine Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Mrs. J. O. Beard Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignancy of Pancreas

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to Aug 21, 1954, that I last saw the deceased alive on Aug 21, 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Carl A. Hoffman M.D. ADDRESS: 214 N. Potomac St. Hagerstown DATE SIGNED: 8/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Aug. 23, 1954 NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 23 1954 REGISTRAR'S SIGNATURE: Grace H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

RECEIVED
AUG 25 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7902

CERTIFICATE OF DEATH

Reg. Dist. No. 07904 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 537 West Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 537 West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) WALTER (Last) CLARK

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: March, 10, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES W. CLARK

14. MOTHER'S MAIDEN NAME: MARY ANN GALLAGHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 284-10-6570

17. INFORMANT & ADDRESS. Mrs. Daisy Wellinger. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1- 1954 to 8-11, 1954, that I last saw the deceased alive on 8-9, 1954, and that death occurred at 7:40 A M, from the causes and on the date stated above.

SIGNATURE Robert P. Conrad, M.D. M. D. ADDRESS Hagerstown, Md DATE SIGNED 8-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: August 14, 1954 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR: Aug 12 1954 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons — ADDRESS: 305 N. Potomac St. Hagerstown, Md.

RECEIVED
AUG 16 1954
BUREAU V. S.

Film#G169 Item# 14
8/16/54 emf

07905

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7946

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 64 N Mechanic St Cumberland Md.

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Elsworth (Last) Conner
4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-22-1899
9. AGE last birthday 55 yrs. If under 1 year Months 1 Days 15 If under 24 hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Beer Distillery
11. BIRTHPLACE (State or foreign country) Alleghany Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Conner
14. MOTHER'S MAIDEN NAME Margaret Pressman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Agness Conner 64 N Mechanis St Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Little Pool - Hancock (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 7 (Year) 54 (Hour) 12:30 A
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fishing and boat overturned

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE A. Robert Wells MD (Degree or title) DME. ADDRESS Hagerstown Md. DATE SIGNED 8.7.54

FINAL CREMATION MOVAL (Specify) Burial
DATE THEREOF 8.10.54
NAME OF CEMETERY OR CREMATORY Herman Lutburn Cemetery
LOCATION (City, town, or county) Cumberland Allegany Md. (State)

DATE REC'D BY LOCAL REG 8/7/54
REGISTRAR'S SIGNATURE J. A. Miller
24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 1: 54
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07906

7903

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown
STREET ADDRESS (If rural give location) Hagerstown Rt. 4

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Martha (Last) Crouse

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 24, 1864
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Foulton Co. Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Dennis Hess
14. MOTHER'S MAIDEN NAME: Levina Deshong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Gress Funeral Home McConnellsburg Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

+142

IMMEDIATE CAUSE (A) Arteriosclerotic Cardio-Vascular-Bend disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1944, to 8/26, 1954, that I last saw the deceased alive on 8/26, 1954, and that death occurred at 9:00 P M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. EST ADDRESS Greenville, Pa. DATE SIGNED 8/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug. 30, 1954
NAME OF CEMETERY OR CREMATORY: Union Cemetery
LOCATION (City, town, or county) (State): McConnellsburg Pa.

DATE REC'D BY LOCAL REGISTRAR: Aug. 28, 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1954
BUREAU V. S.

07907

7904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural, give location) 412 W. Franklin St

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) O. (Last) DAVIS
4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12-24-79
9. AGE last birthday 74 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Owns home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Cyrus P. Lantz
14. MOTHER'S MAIDEN NAME Emma J. Ridenour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Vada K. Beair Salem Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardiovascular Disease	4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Cytosis Adenosis	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3rd, 1946, to Aug 17th, 1954, that I last saw the deceased alive on Aug 16th, 1954, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Phil J. Hinkleman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 8/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 20 1954
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) (State) Thurmont Md.

DATE REC'D BY LOCAL REG. Aug. 18 1954
REGISTRAR'S SIGNATURE [illegible] Towers
24. FUNERAL DIRECTOR M. S. Creager & Son ADDRESS Thurmont Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 20 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07908

CERTIFICATE OF DEATH

7905

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN R 3
LENGTH OF STAY (in this place) 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOME 26

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER CREEK RURAL
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R. 1

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) DOYLE

4. DATE OF DEATH: (Month) AUGUST (Day) 25 (Year) 1954

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED | 8. DATE OF BIRTH: JUNE 2 1872 | 9. AGE last birthday: 82 Y. 2 M. 23 DA. yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE | 10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME | 11. BIRTHPLACE (State or foreign country): LEITERSBURG WASH. Co. MD. U.S.A. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE F. MINER | 14 MOTHER'S MAIDEN NAME: CHRISTINE LEESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT & ADDRESS: LEE E. DOYLE HAGERSTOWN MD. R. 1.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROSIS-GENERALIZED — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO HYPERTENSIVE HEART DISEASE — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION: NONE - 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 29 54 to AUG. 25, 1954, that I last saw the deceased alive on AUG. 24, 1954, and that death occurred at 2 15 P. M, from the causes and on the date stated above.

SIGNATURE Charles Robert Cohen M. D. ADDRESS CLEAR SPRING MD DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF AUG. 27. 1954 | NAME OF CEMETERY OR CREMATORY BEAVER CREEK CEMETERY | LOCATION (City, town, or county) (State) BEAVER CREEK MD.

DATE REC'D BY LOCAL REGISTRAR Aug. 26. 1954 | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR Wm. F. BAST AND SONS | ADDRESS BOONSBORO MD.

DR COHEN CLSP. 430

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG
IREAU V. S.

2.13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07909

7947 CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Pool
MARYLAND
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ernstville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Pool
STREET ADDRESS (If rural give location) Ernstville

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) HAWBAKER (Last) DRAPER

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): near Big Spring

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Draper

14. MOTHER'S MAIDEN NAME: Susan Jane Hawbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Harriet Draper

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cardio Vascular Renal — 2 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-, 1954, to 8-21-, 1954, that I last saw the deceased alive on 8-21-, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Hagerstown, Md. DATE SIGNED 8-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-25-54 — NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery — LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 23, 1954 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07910

7906 CERTIFICATE OF DEATH

Dr Wm Layman
Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 110 So. Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) ***** (Last) DUFFEY

4. DATE OF DEATH. (Month) Aug (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower
8. DATE OF BIRTH: Nov 21 1874
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "Retired") Market Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Walker Duffey
14. MOTHER'S MAIDEN NAME: Rose Carney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates) Spanish Amer War
16. SOCIAL SECURITY NO None
17. INFORMANT & ADDRESS: Mrs Gladys Strauss

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSE (S) DUE TO (A) Hypertensive Cardiovascular disease — 3 yrs 5 mo

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Myocardial infarction DUE TO (B) Arteriosclerotic heart disease — 1 days / 3 years

(C) Uncertain, would due to (C) Cancer Appendectomy — 20 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug 28 1954
19B. MAJOR FINDINGS OF OPERATION: as in "c".
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1954, to Aug 30, 1954, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 8 20 P.M. P.S.T. from the causes and on the date stated above.

SIGNATURE W. D. Layman M.D. ADDRESS 5 Public Square Hagerstown DATE SIGNED Aug 31 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/1/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 1 1954
REGISTRAR'S SIGNATURE Grace H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07911

Dr. Hoffman **7907 CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blue Ridge Summit, Pa.
STREET ADDRESS (If rural give location) Rose Mont Terrace

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) BELLE (Last) EVERETT

4. DATE OF DEATH: (Month) Aug. (Day) 30, (Year) 54

5. SEX Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 11, 1865

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) School Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Mansville, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Everett

14. MOTHER'S MAIDEN NAME: Margaret Everett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Dorothy Richardson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Arteriolo Nephrosclerosis — 2 yrs.

ANTECEDENT CAUSE (B) DUE TO: Arteriosclerosis. — Yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. , 1954 to Aug 20, 1954 that I last saw the deceased alive on Aug 20 , 1954, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE Clark A. Hoffman M.D. ADDRESS 214 N. Potomac st. Hagerstown Md. DATE SIGNED 8/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-23-54 — NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery — LOCATION (City, town or county) hr. Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 23, 1954 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. — ADDRESS

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07912

7908 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md.
STREET ADDRESS (If rural give location) 32 Glenside Ave. Hagerstown Md.

3. NAME OF DECEASED: (Type or Print) (First) Sue (Middle) Von (Last) Ford

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 23 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 10 Days 8 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): St. James Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Snyder

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Noah Ford 32 Glenside Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO

ANTECEDENT CAUSE (B) DUE TO: acute cerebtal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ., 1953 to Aug. 1, 1954 that I last saw the deceased alive on July 31., 1954 and that death occurred at 6:45 A M, from the causes and on the date stated above.

SIGNATURE J. Robert Wells M.D. ADDRESS M. D. Hagerstown, Md. DATE SIGNED Aug/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 4 1954

NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

LOCATION (City, town, or county) (State) Boonsboro Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 3 1954

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Edith V Leaf Williamsport Md.

RECEIVED
AUG 5 1954
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07913

7948 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FUNKSTOWN X
LENGTH OF STAY (In this place) 8 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS STOUFFER AVENUE X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FUNKSTOWN
STREET ADDRESS (If rural give location) STOUFFER AVENUE

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) A (Last) GANTZ

4. DATE OF DEATH (Month) (Day) (Year) AUGUST-12-1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOVEMBER-23-1878
9. AGE last birthday: 75-8-19 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): DOWNSVILLE WASH. Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID STOUFFER
14. MOTHER'S MAIDEN NAME: MARIA ROHRER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS. DAVID SHIFLER FUNKSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Calcium — INTERVAL BETWEEN ONSET AND DEATH: Mar 4-54

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Mar 4-54
19B. MAJOR FINDINGS OF OPERATION: Cancer of Calcium c̄ Metastasis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1954 to Aug. 2, 1954, that I last saw the deceased alive on Aug 11, 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE Sidney Novenstein — ADDRESS M. D. Turkstown Md — DATE SIGNED 8-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: AUG. 14. 1954
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Aug. 13. 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
16 1954
BUREAU V. S.

212

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07914

7949

CERTIFICATE OF DEATH

Reg. Dist. No. 303

Item 4, Film G170A 9-23-54 et

1. PLACE OF DEATH:

COUNTY Washington, Co. MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Rual (Hagerstown Rt 2

LENGTH OF STAY (in this place) 2 years 7 M.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural

STREET ADDRESS (If rural give location) Ringgold, Smithsburg R.D. 2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Alvey		Gardenhour	Aug.	17	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Widowed	Oct. 3-1873	80 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Edgemont, Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Marion Gardenour	Anna Barkdoll

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		None	Fred C. Gardenour - Smithsburg RD 2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epilepsy

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 2 yrs 8 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 31, 1952 to Aug 17, 1954, that I last saw the deceased alive on Aug. 16, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 20 54	Smithsburg Cemet	Smithsburg	Md.

DATE REC'D BY LOCAL REGISTRAR —	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-18-54	Joseph W. Murray Local	Walter G. Grove	Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 25
BUREAU V. S.

7909 MARYLAND STATE DEPARTMENT OF HEALTH 07915

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 406 W. Franklin St.,

3. NAME OF DECEASED (Type or Print) (First) Floyd (Middle) W (Last) Gettell Jr.
4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1954
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-28-1953
9. AGE last birthday 1 yrs. If under 1 year Months 1 Days 21 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY infant
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Floyd W. Gettell
14. MOTHER'S MAIDEN NAME Martha B. Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Richard Warrenfeltz Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxia by smoke

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree burns to face, head — 25 min

(c) chest & back

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X ☐

21. EXTERNAL CAUSE WAS PRIMARY (X) OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 19'54 3:05AM
INJURY OCCURRED While at work ☐ Not while at work X ☐
HOW DID INJURY OCCUR? Burned in house fire

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X , suicide , homicide , undetermined .*

SIGNATURE J. Robert Mells M.D. (Degree of title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8.20.54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-22-54
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. [illegible] 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

07916

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7950 **CERTIFICATE OF DEATH** Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEEDYSVILLE - RURAL
LENGTH OF STAY (in this place) 15 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS KEEDYSVILLE MD. R.I.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEEDYSVILLE - RURAL
STREET ADDRESS (If rural give location) KEEDYSVILLE MD. R.I.

3. NAME OF DECEASED. (Type or Print) (First) (Middle) (Last) ANNA MAE GRIFFITH.

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST - 13 - 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 18. 1893
9. AGE last birthday 60-10-25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): CHESTNUT GROVE WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. SPRINGER
14. MOTHER'S MAIDEN NAME: NO RECORD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS. MARTHA ZIMMERMAN KEEDYSVILLE MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447 X

IMMEDIATE CAUSE (A) Generalized arteriosclerosis — 5 yrs

ANTECEDENT CAUSE (S) DUE TO (B) with hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes mellitus — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to Aug. 13, 1954, that I last saw the deceased alive on Aug. 13, 1954, and that death occurred at 2.15 P.M., from the causes and on the date stated above.

SIGNATURE G. W. Levan M. D. ADDRESS Boonsboro DATE SIGNED 8/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: AUG. 16. 1954
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD

DATE REC'D BY LOCAL REGISTRAR: Aug 16. 1954
REGISTRAR'S SIGNATURE: R. H. Teeting
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07917

7910 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 334 McDowell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Jashmere (Last) Grooms
4. DATE OF DEATH: (Month) Aug. (Day) 12, (Year) 19 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: Sept. 27, 1893
9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: house wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Richmond, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob C. Redford
14. MOTHER'S MAIDEN NAME: Annie Cora Phillips

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - -
17. INFORMANT & ADDRESS: Adolph C. Grooms, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 30 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 8 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ,1951, to Aug. 12, 1954, that I last saw the deceased alive on Aug. 12, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman (Degree or title) M.D. ADDRESS 214 N. Potomac st. Hagerstown, md. DATE SIGNED 8/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 8-15-54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 14 1954
REGISTRAR'S SIGNATURE Pearl H. Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

VS. A15

1954

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07918

7911

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Williamsport Md
STREET ADDRESS (If rural give location) Williamsport Md Box 382

3. NAME OF DECEASED: (Type or Print) (First) Debra (Middle) Lynn (Last) Guessford

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby
8. DATE OF BIRTH: Aug. 29-54
9. AGE last birthday yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 8, Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Elmer Guessford
14. MOTHER'S MAIDEN NAME: Delores Eardley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Williamsport Md Mrs Delores E Guessford RFD Box 382

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 8 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity — " "

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Aug, 1954, to 29 Aug, 1954, that I last saw the deceased alive on 29 Aug, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Ben Hook M.D. — ADDRESS M. D. Williamsport, Md — DATE SIGNED 30 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 29-54
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 30. 1954
REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Albert L Leaf — ADDRESS Williamsport Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07919

7912 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1082 Virginia Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1082 Virginia Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Lynn (Middle) K (Last) Hamburg

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: March 4, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operator

10B. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Hamburg

14. MOTHER'S MAIDEN NAME: Adaline Cover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Margie Hamburg Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH ? 15-20 Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Arterio-Sclerosis — ? - "

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 0

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 0

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1954 to Aug 27, 1954 that I last saw the deceased alive on 8/27, 1954, and that death occurred at 11 A.M. from the causes and on the date stated above.

SIGNATURE Victor D. Miller VICTOR D. MILLER M. D. ADDRESS HAGERSTOWN, MD. DATE SIGNED 8/28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 8-30-54 — NAME OF CEMETERY OR CREMATORY Rest Haven — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 29. 1954 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

RECEIVED
AUG 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07920

CERTIFICATE OF DEATH

7913

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 134 East Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Ninetta (Last) Harman

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 10-1-1884

9. AGE last birthday: 69 yrs
IF UNDER 1 YEAR: Months 10 Days 23
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Leiter Bros.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward W. Brewer

14. MOTHER'S MAIDEN NAME: Emma J. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-0688

17. INFORMANT & ADDRESS: James Edward Harman, Keyser, W. Va.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Lymphosarcoma — 2 yrs. 3 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1951, to Aug 24, 1954 that I last saw the deceased alive on Aug. 24, 1954, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE Floyd A. Hoffman M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-26-1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 25, 1954 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 27 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07921

7914

CERTIFICATE OF DEATH

Item 9FilmG169 9-7-54 et

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 4 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 113 ALEXANDER ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ESTELLA C. HEIL

4. DATE OF DEATH: (Month) (Day) (Year) 8 28 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: UNKNOWN
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): HAGERSTOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HEIL
14. MOTHER'S MAIDEN NAME: CLARA GROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: HARRY HEIL FUNKSTOWN, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) emaciation — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) cancer of throat — months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/54, 19 , to 8/28/54, 19 , that I last saw the deceased alive on 8/27/54, 19 , and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE Howard N. Weeks M.D. 8/28/ ADDRESS 100 N Potomac Hagerstown Md DATE SIGNED 8/30/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 8/31/54
NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY
LOCATION (City, town, or county) (State): HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Aug 31 1954
REGISTRAR'S SIGNATURE: [signature]
24 FUNERAL DIRECTOR: FRED W. KRAISS ADDRESS: HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07922

7915 CERTIFICATE OF DEATH Dr Binkley Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 215½ So/ Potomac St.

3. NAME OF DECEASED: (First) EVA (Middle) VELETTE (Last) HERMAN
4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	Nov 26 1874	79 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Hagerstown Md.	USA

13. FATHER'S NAME: John D. Swartz
14. MOTHER'S MAIDEN NAME: Mary Spangler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Mrs Cora Oswald Hagerstown Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	6 days
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Sclerotic Arterial Disease	10 yrs
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8/12, 1954 to 8/14, 1954 that I last saw the deceased alive on 8/14, 1954, and that death occurred at 4.30 PM, from the causes and on the date stated above.

SIGNATURE O. H. Binkley M.D. ADDRESS Hagerstown Md DATE SIGNED 8/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/17/54	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16. 1954	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07923

CERTIFICATE OF DEATH

7951

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Hagerstown Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate Way Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock Md.
STREET ADDRESS (If rural give location) Hancock Md.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Elwood (Last) Jackson

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 25. 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 11 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Morgan County W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R Jackson

14. MOTHER'S MAIDEN NAME: Jennie Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Grant L. Jackson Hancock Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis DUE TO — Interval Between Onset And Death 2da

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.17....., 19 54, to 8.17....., 1954, that I last saw the deceased alive on 8.17.., 19 54, and that death occurred at 1.30 AM.., from the causes and on the date stated above.

SIGNATURE (Degree or title) E M Shaffer M D ADDRESS Hancock Md DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8.20.54 NAME OF CEMETERY OR CREMATORY Miller Cemetery LOCATION (City, town, or county) Morgan County W.VA. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 19 - 54 REGISTRAR'S SIGNATURE Leroy M Fokler Deputy Local

24. FUNERAL DIRECTOR ADDRESS Howard J Stone Hancock md

VS. A15

RECEIVED
AUG 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07924

7952 **CERTIFICATE OF DEATH** Reg. Dist. No. 3rd

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Sharpsburg Md RFD
LENGTH OF STAY (In this place) 52 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Antietiam Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md RFD Atnietiam
STREET ADDRESS (If rural give location) Antietiam Md

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Edna (Last) Jamison

4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1954

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH Nov. 3 1891 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months 9 Days 3 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Sharpsburg Md Dist. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Millard Showman | 14. MOTHER'S MAIDEN NAME: Emma Hetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mrs Maomi Crampton Sharpsburg Md RFD Antietiam

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs (?)

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Paroxysmal tachycardia — 10 yrs (?)

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944 to 8/7, 1954 that I last saw the deceased alive on 8/7, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE Walter N. Shaw M.D. ADDRESS Sharpsburg, Md DATE SIGNED 8/8/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug. 9-54 | NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | LOCATION (City, town, or county) (State) Sharpsburg Md

DATE REC'D BY LOCAL REGISTRAR Aug 9-1954 | REGISTRAR'S SIGNATURE Ely Boyer | 24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07925

7916 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 60 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 South Prospect Street

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 102 South Prospect Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Vincent (Last) Jamison, Jr.

4. DATE OF DEATH (Month) Aug. (Day) 28 (Year) 1954

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 28, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months 6 Days 0 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of the Board

10B. KIND OF BUSINESS OR INDUSTRY: Jamison Cold Storage

11. BIRTHPLACE (State or foreign country) Luray, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Vincent Jamison

14. MOTHER'S MAIDEN NAME: Anna Mary Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-9671

17. INFORMANT & ADDRESS. John V. Jamison, III, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours -

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — 15 years -

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of colon — 3 years -

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-1929, to 8-28, 1954, that I last saw the deceased alive on 8/28, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE John H. Homebaker M.D. ADDRESS 154 W. Washington St. Hagerstown Md. DATE SIGNED 8/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-31-1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1954 — REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Md.

SEP 1
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07928

7917 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland; STREET ADDRESS (If rural give location) 22 E. Patomac Street Williamsport Md

3. NAME OF DECEASED: (Type or Print) (First) Russel (Middle) Winfield (Last) Jordon

4. DATE OF DEATH (Month) August (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 20 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months 2 Days 28 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Brickyard

11. BIRTHPLACE (State or foreign country): Williamsport Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel L. Jordon

14. MOTHER'S MAIDEN NAME: Genevieve Kitzmiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO: 216-07-1230

17. INFORMANT & ADDRESS: Mrs. Claudis H. Jordon Williamsport Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Coronary Occlusion — 3 days

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Aug 1954, to 19 Aug 1954, that I last saw the deceased alive on 18 Aug, 1954, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE Russell Hoak M.D. ADDRESS Williamsport, Md. DATE SIGNED 20 Aug 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: Aug. 23-54; NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery; LOCATION (City, town, or county) (State): Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 20, 1954; REGISTRAR'S SIGNATURE: Chas. T. Towers

24. FUNERAL DIRECTOR ADDRESS: Albert L Leaf Williamsport Md.

RECEIVED
AUG 23 1954
BUREAU V. S.

07927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7918

CERTIFICATE OF DEATH

Dr Victor Miller
Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown LENGTH OF STAY (in this place) 1 Week HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown STREET ADDRESS (If rural give location) 120 West Washington St.
3. NAME OF DECEASED: (Type or Print) (First) ADDAH (Middle) OLIVIA (Last) LEIDIG	4. DATE OF DEATH: (Month) (Day) (Year) Aug 11 1954
5. SEX Feamle 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow 8. DATE OF BIRTH: Feby 11 1865	9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 10B. KIND OF BUSINESS OR INDUSTRY: Eyerlys	11. BIRTHPLACE (State or foreign country): Sabillasville Md. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: A. J. Harbaugh	14. MOTHER'S MAIDEN NAME: Mary K. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. A 214-14-6475 17. INFORMANT & ADDRESS: Miss Innes Boyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Aneurysm Descending (abdominal) Aorta - ruptured

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardio Vascular Disease - Cause undetermined DUE TO

(C) ✓

INTERVAL BETWEEN ONSET AND DEATH: Sudden death - Onset undetermined Probably 25 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: 0	19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☑ NO ☐	
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ✓	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? ✓	

22. I hereby certify that I attended the deceased from Aug 4, 1954 to Aug 11, 1954, that I last saw the deceased alive on 8/10, 1954, and that death occurred at 9 a.M, from the causes and on the date stated above.

SIGNATURE Victor D Miller M.D. ADDRESS Hagerstown Md DATE SIGNED 8/11-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 8-13-54	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 13, 1954	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstpwb Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VR. A15 — 10-53

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07928

Dr Keadle

7919 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 9 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Marbern Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 8 Marbern Road

3. NAME OF DECEASED: (Type or Print) (First) CAMILLA (Middle) REBECCA (Last) MARPEL

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Dec 25 1865
9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Berryville Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Everhart
14. MOTHER'S MAIDEN NAME: Mary Ann Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Pauline G. Cole

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Malnutrition	3 months
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis, generalized	indy
	DUE TO	
	(C) with L. foot gangrene	1 month
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Abdominal aortic aneurysm	indy

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to death 19 ..., that I last saw the deceased alive on 8-9, 1954, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Robert T. Keadle M. D. ADDRESS Hagerstown DATE SIGNED 8-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/19/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1954
REGISTRAR'S SIGNATURE Stuart H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 20 1954
BUREAU V. [redacted]

07929

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

7953

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hagerstown
LENGTH OF STAY (in this place) 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD4 - Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hagerstown
STREET ADDRESS (If rural, give location) RD4 - Hagerstown

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) MARIE (Last) MARTIN

4. DATE OF DEATH: (Month) Aug (Day) 24, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10/27/53

9. AGE last birthday: ——— yrs. IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wash Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Martin

14. MOTHER'S MAIDEN NAME: Marie Eby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: Reuben Martin RD4 Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Amyotonia, Congenita — INTERVAL BETWEEN ONSET AND DEATH: since birth

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1953, to Aug. 24, 1954, that I last saw the deceased alive on Aug. 23, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (DEGREE OR TITLE) M. D. ADDRESS ClearSpring, Maryland DATE SIGNED August 24, 1954

23. BURIAL, CREMATION REMOVAL (Specify): B DATE THEREOF 8/26/54 NAME OF CEMETERY OR CREMATORY Clearspring Cem. LOCATION (City, town, or county) (State) Clearspring, Md.

DATE REC'D BY LOCAL REG. Aug. 24 1954 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR A. E. Minnich ADDRESS Greencastle Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07934

7920

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Hagerstown — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md. — LENGTH OF STAY (in this place): since 7/30/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa. — COUNTY: FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - WARREN
STREET ADDRESS (If rural, give location): MERCERSBURG, PA. R.3 ✓

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) C. (Last) McCULLOH
4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11/26/1887
9. AGE last birthday: 66 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: GEN. STORE
11. BIRTHPLACE (State or foreign country): PYLVAN, PA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.E. McCULLOH
14. MOTHER'S MAIDEN NAME: REHANNAH ZIMMERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: 171-28-5830
17. INFORMANT AND ADDRESS: John McCulloh, Hancock, Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): General Carcinomatosis
Antecedent cause(s): (b): Recurrence of Ca. with metastasis to small bowel and intestinal obstruction
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (c): Ca. Sigmoid 1950

INTERVAL BETWEEN ONSET AND DEATH: 7/30/54 Died 8/16/5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Old Cardiac condition.
Also Operated in 1950 for Ca.

19a. DATE OF OPERATION: 8/4/54
19b. MAJOR FINDINGS OF OPERATION: General Ca. of Small bowel with obstruction
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30/54, 19....., to 8/16/54 19....., that I last saw the deceased alive on 8/16/54, 19....., and that death occurred at 10:05 A.m., from the causes and on the date stated above.

SIGNATURE: A.K. Swan Jr. (Degree or title) Surgeon ADDRESS: 170 W. Wash. St. Hag. Md DATE SIGNED: 8/16/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 8/18/54
NAME OF CEMETERY OR CREMATORY: METHODIST CEM.
LOCATION (City, town, or county) (State): FRANKLIN Co. Mercersburg Pa. R3

DATE REC'D BY LOCAL REG.: Aug. 17. 1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: T.M. Grunger ADDRESS: Mercersburg Pa.

RECEIVED
AUG 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07930

7954

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weaverton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland R. R. Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Virginia COUNTY McDowell
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welch
STREET ADDRESS (If rural, give location) 48 Maple St.

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Griffith (Last) Meredith

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 12, 1946

9. AGE last birthday: 7 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Welch, W. Va/

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Travis A. Meredith

14. MOTHER'S MAIDEN NAME: G. Virginia Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Travis A. Meredith Welch. W. Va.

18 MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed skull - multiple fractures to

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) extremities

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE: WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway- rr.crossing

(CITY OR TOWN) Weaverton (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 21 '54 10:13AM DST

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto- train accident

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: H Robert Mellott (Degree or title) DEPUTY MEDICAL EXAM. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 8-21-54

WASH. CO. MD.

23. FINAL DISPOSITION (Specify): Burial DATE THEREOF: Aug. 23, 1954 NAME OF CEMETERY OR CREMATORY: Westminster Cemetery LOCATION (City, town, or county) Westminster (State) Md.

DATE RECEIVED BY LOCAL REG.: Aug 24 1954 REGISTRAR'S SIGNATURE: H Robert Mellott

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

Kathryn Dagenhart asst

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer to each question is important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

AUG 25
BUREAU V. S.

07951

7955

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weaverton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland R.R. Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY McDowell
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welch
STREET ADDRESS (If rural, give location) 48 Maple Street

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) Virginia (Last) Briscoe Meredith
4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 24, 1913
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Contractors
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James F. Briscoe, Jr.
14. MOTHER'S MAIDEN NAME Gladys Van Skeat
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY No. 134-10-6847
17. INFORMANT AND ADDRESS Travis A. Meredith Welch, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) open fracture skull; multiple fracture ribs;

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) open frature rt. humerus & tibia & fibula

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway R.R. crossing (CITY OR TOWN) Weaverton (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) Aug. (Day) 21 (Year) '54 (Hour) 10:13 AM EST
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile - train accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE [signature] (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 8-21-54

MODE OF CREMATION (Specify) Burial
DATE THEREOF Aug. 23, 1954
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. Aug. 22, 1954
REGISTRAR'S SIGNATURE [signature] Katherine Dagenhart
24. FUNERAL DIRECTOR John R. Byers
ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

ASK WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 25 1954
BUREAU V. S.

7956

MARYLAND STATE DEPARTMENT OF HEALTH

08034

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 307

MARGIN TO BE LEFT FOR BINDING. Supply every item of information carefully. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Weaverton — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland R.R.Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W. Va. — COUNTY: McDowell
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Welch
STREET ADDRESS (If rural, give location): 48 Maple Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Briscoe (Last) Meredith

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov.5,1945

9. AGE last birthday: 8 yrs. — If under 1 year: Months / Days — If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Welch, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Travis A. Meredith

14. MOTHER'S MAIDEN NAME: G. Virginia Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Travis A. Meredith Welch, W. Va.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): crushed skull and multiple fractures to extremities

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT, HOMICIDE OR SUICIDE? DID INJURY OCCUR IN OR AS A RESULT OF EMPLOYMENT? WAS INJURY PRIMARY OR CONTRIBUTING CAUSE OF DEATH? — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: R.R. Highway-Crossing — (CITY OR TOWN): Weaverton — (COUNTY): Washington — (STATE): Md.

TIME OF INJURY: Month: Aug. Day: 21 Year: 54 Hour: 10:13 AM DST

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto- train accident

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find it said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: R. Robert Mello M.D. (Degree or title) — ADDRESS: 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED: 8-21-54

FINAL DISPOSITION (Burial, Cremation, Removal): Burial — DATE THEREOF: Aug.23,1945 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county): Westminster — (State): Md.

DATE RECD BY LOCAL REG: May 22 1954 — REGISTRAR'S SIGNATURE: Katherine Dagenhart — 24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

RECEIVED
AUG 25 1914
BUREAU V. S.

07932

7957 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 307 21

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY McDowell
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weaverton X — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welch
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland R.R.Crossing	STREET ADDRESS (If rural, give location) 48 Maple Street

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Lamar (Last) Meredith				4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov.16,1948	9. AGE last birthday 5 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Welch, W. Va.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Travis A. Meredith		14. MOTHER'S MAIDEN NAME G. Virginia Briscoe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Travis A. Meredith Welch, W. Va.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) crushed skull; open fractures lower extremities

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION -- — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway- RR crossing-Weaverton (CITY OR TOWN) (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 21 '54 10:13AM DST — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto - train accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, undetermined ☐.

DEPUTY MEDICAL EXAM WASH. CO., MD.

SIGNATURE A. Robert Wells MD. (Degree or title) — ADDRESS 115 N. Potomac Street Hagerstown, Md. — DATE SIGNED 8-21-54

23. CREMATION (Specify) Burial	DATE THEREOF Aug.23,1954	NAME OF CEMETERY OR CREMATORY Westminster Cemetery	LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE ~~[illegible]~~ Katherine Dagenhart mnt	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 23 19[illegible]
[illegible] V. S.

7921

07933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRPLAY MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) Paul (Last) METZ

4. DATE OF DEATH (Month) AUG (Day) 17 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 22 JUNE 1946
9. AGE last birthday 8 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul R. Metz
14. MOTHER'S MAIDEN NAME IOLA V. CHURCHEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT PAUL R. METZ FAIRPLAY MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intussusception with Necrosis of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 1 week?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Anemia - extreme - Nutritional — years?

(c) Cerebral Palsy - Spasticity severe — since birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cataracts bilaterally, Congenital deafness — " "

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11 Aug., 1954, to 17 Aug., 1954, that I last saw the deceased alive on 17 Aug., 1954, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE A. M. Bacon Jr. M.D. (Degree or title) ADDRESS 302 N. Potomac Hagerstown Md DATE SIGNED 6/17/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE AUG. 20. 1954
NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY
LOCATION (City, town, or county) WILLIAMSPORT MD. (State)

DATE REC'D BY LOCAL REG. Aug. 18. 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07935

7922 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03 MARYLAND LENGTH OF STAY (In this place) 20 YEARS HOSPITAL OR INSTITUTION OR STREET ADDRESS 1135 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN STREET ADDRESS (If rural give location) 843 FREDERICK ROAD

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) EDWIN (Last) MULLENDORE

4. DATE OF DEATH: (Month) AUGUST (Day) 10, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: APRIL 29 1909

9. AGE last birthday: 45 yrs 3 Months 11 Days IF UNDER 1 YEAR, Hours IF UNDER 24 HRS., Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPERATOR OF GAS STATION - SELF EMPLOYED

10B. KIND OF BUSINESS OR INDUSTRY: GARLAND WASH. Co. MD.

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: D. D. MULLENDORE

14. MOTHER'S MAIDEN NAME: SUSAN JENNINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-9809

17. INFORMANT & ADDRESS. MR. MRS. PAULINE MULLENDORE 843 FRED. RD. HAGERSTOWN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Arteriosclerotic Heart Disease

ANTECEDENT CAUSE (B) DUE TO with Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1954 to 8-10, 1954 that I last saw the deceased alive on 8-2, 1954, and that death occurred at 11:30 A.M, from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M.D. ADDRESS Hagerstown, Md. DATE SIGNED 8-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF AUG. 13. 1954 NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY LOCATION (City, town, or county) BOONSBORO WASH. Co. MD (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 13, 1954 REGISTRAR'S SIGNATURE E. Nash Bowers

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07936

7923 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dargan Maryland
STREET ADDRESS (If rural give location) Dargan Maryland

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Arron (Last) Myers
4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH April 5 1884
9. AGE last birthday 70 yrs. — IF UNDER 1 YEAR Months 4 Days 25 — IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Md Fabricating Co
11. BIRTHPLACE (State or foreign country): Dargan Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F Myers
14. MOTHER'S MAIDEN NAME: Mary Jane Drenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 220-05-6467
17. INFORMANT & ADDRESS: Blanche Myers Dargan Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 12 days
ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — indf.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1954, to 8/31, 1954, that I last saw the deceased alive on 8/31, 1954 and that death occurred at 11:50 A M, from the causes and on the date stated above.

SIGNATURE Howard N. Weeks M.D. — ADDRESS 17 N. Potomac — DATE SIGNED 9/1/54 Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 4 1954 — NAME OF CEMETERY OR CREMATORY Samples Manor — LOCATION (City, town, or county) (State) Samples Manor Md

DATE REC'D BY LOCAL REGISTRAR Sept. 1. 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Albert L Leaf — ADDRESS Williamsport Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07937

Dr Earl Young

7924 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown — LENGTH OF STAY (in this place): 3 Hrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 5 — STREET ADDRESS (If rural give location): Leitersburg Pike

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) DELOSIER (Last) NEIBERT

4. DATE OF DEATH (Month) (Day) (Year): Aug 21 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: Mar 13 1879 — 9. AGE last birthday: 75 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Smithsburg Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Delosier — 14. MOTHER'S MAIDEN NAME: Monerva Dinsmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Walter Delosier

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Hypertensive Arteriosclerotic

(C) DUE TO: Heart Disease — 5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21/54, 19, to 8/21/54, 19, that I last saw the deceased alive on 8/21/54 19, and that death occurred at 6.30 P M, from the causes and on the date stated above.

SIGNATURE Earl Young M. D. — ADDRESS Hagerstown — DATE SIGNED 8/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8/24/54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 24 1954 — REGISTRAR'S SIGNATURE: Grant Bowers — 24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

RECEIVED
AUG 26 1954
BUREAU V. S.

DR. EDWARD W. DITTO - 111
217 W. WASH. ST. HAGERSTOWN

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07938

7958 CERTIFICATE OF DEATH

Reg. Dist. No. 305

1 PLACE OF DEATH
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEAVER CREEK, RURAL
LENGTH OF STAY (in this place) 70 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAGERSTOWN MD. R. 1

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEAVER CREEK - RURAL
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R. 1

3. NAME OF DECEASED; (Type or Print) (First) HARRY (Middle) KNODE (Last) NEWCOMER

4. DATE OF DEATH. (Month) AUG. (Day) 25 - (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: MARCH - 6 - 1877 | 9. AGE last birthday 77 - 5 - 19 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM.
11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVIS NEWCOMER
14. MOTHER'S MAIDEN NAME: AMELIA LANDIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS. EDITH S. NEWCOMER HAGERSTOWN MD R.1

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Generalized Arteriosclerotic heart disease	20 yrs.
ANTECEDENT CAUSE (S)	(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Benign Prostatic Hypertrophy	25 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1954, to Aug 25, 1954, that I last saw the deceased alive on ..... 19..., and that death occurred at 9:30 P M, from the causes and on the date stated above.
Dead on Arrival
SIGNATURE Edward W. Ditto III, M.D. ADDRESS 217 W. Washington St DATE SIGNED 8/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Aug. 28. 1954
NAME OF CEMETERY OR CREMATORY Beaver Creek Cemetery
LOCATION (City, town, or county) Beaver Creek, Md. (State)

DATE REC'D BY LOCAL REGISTRAR August 28. 1954
REGISTRAR'S SIGNATURE John N. Bast
24. FUNERAL DIRECTOR Wm. F. Bast and Sons
ADDRESS Boonsboro Md.

SEP 1 1904
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07939

7925 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2005 Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 2005 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) John Henry Petre

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 9 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 14, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Paramount, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Petre

14. MOTHER'S MAIDEN NAME: Elizabeth Horst

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: - -

17. INFORMANT & ADDRESS: Pearl Petre, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gaus arteriosclerosis
DUE TO Diabetes
(c)

Interval Between Onset And Death: 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1954, to 8-9-, 1954, that I last saw the deceased alive on 8-1-, 1954, and that death occurred at 12:55 PM, from the causes and on the date stated above.

SIGNATURE D. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 8/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 8-12-54

NAME OF CEMETERY OR CREMATORY Longmeadow Church

LOCATION (City, town, or county) (State) Paramount, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 12 1954

REGISTRAR'S SIGNATURE Chas. H. Howard

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1954
BUREAU OF S

7926 MARYLAND STATE DEPARTMENT OF HEALTH 07940

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 12-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): 14 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 538 E. Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Maryland; STREET ADDRESS (If rural, give location): 528 Jefferson Street

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Theodore (Last) Reynolds

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feb. 25/03

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Md. Pipe Co.

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Oscar D. Reynolds

14. MOTHER'S MAIDEN NAME: Mary Agnes Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.War # 2

16. SOCIAL SECURITY NO.: 214-14-6610

17. INFORMANT AND ADDRESS: Evelyn Hutzell- Hagerstown, R # 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a): Acute and Chronic Alcoholism

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): J. Robert Wells M.D. BY MEDICAL EXAM. ADDRESS: WASH. CO., MD. 115 N. Potomac Street Hagerstown, Md. DATE SIGNED: 8/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 8/4.54

NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY

LOCATION (City, town, or county) (State): HAGERSTOWN MARYLAND

DATE REC'D BY LOCAL REG.: Aug. 4 1954

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: FRED W. KRAISS ADDRESS: HAGERSTOWN, MD.

RECEIVED
AUG 5 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07941

: 7927 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 North Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 328 North Locust Street

3. NAME OF DECEASED: (Type or Print) (First) Leroy (Middle) Chapin (Last) Risler

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH. 4-28-1890

9. AGE last birthday 64 yrs
IF UNDER 1 YEAR: Months 3 Days 27
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter

10B. KIND OF BUSINESS OR INDUSTRY. Wash. D. C.

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Maurice Risler

14. MOTHER'S MAIDEN NAME: Hattie Pritchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY NO. 213-16-0349

17. INFORMANT & ADDRESS. Mrs. Leroy C. Risler, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 10 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Diabetes Mellitus — 10 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1953, to 8/25, 1954 that I last saw the deceased alive on 8/24, 1954, and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE George Jennings M.D. ADDRESS Hagerstown, Md. DATE SIGNED 8/27/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-28-1954

NAME OF CEMETERY OR CREMATORY Manor Cemetery

LOCATION (City, town, or county) (State) Tilghmanton, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 27 1954

REGISTRAR'S SIGNATURE Ethel H Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

M

I MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG 30 1934
BUREAU V. S.

R14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07942

7959

CERTIFICATE OF DEATH

Reg. Dist. No. 303

Item 14, FilmG170 9-10-54 et

1. PLACE OF DEATH. COUNTY Wash MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown rural

LENGTH OF STAY (in this place) 17 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 430 W. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Creloa (Last) Ritenour

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 30 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH. Oct. 11, 1879

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newport, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Louderback

14. MOTHER'S MAIDEN NAME: Mary Kite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. John D. Lewis, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Diabetes Mellitus. — INTERVAL BETWEEN ONSET AND DEATH 5 years ?

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio-Vascular — 10 years +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Disease —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 00

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954 to Aug 30, 1954, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Victor D. Miller M.D. ADDRESS DATE SIGNED Aug 31 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 9-1-54

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR 8-31-1954

REGISTRAR'S SIGNATURE J. W. Murray

24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
SEP 10 1954
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07943

7928 **CERTIFICATE OF DEATH** Dr Hirshman Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown — LENGTH OF STAY (in this place): 24 Yrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 West Franklin St	STREET ADDRESS (If rural give location): 51 West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) (Last) RUBEN

4. DATE OF DEATH: (Month) (Day) (Year) Aug 24 1954 19

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: 1869 — 9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Lithuania — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Simon — 14. MOTHER'S MAIDEN NAME: Ethel (no record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT & ADDRESS: Aaron S. Ruben

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — 2 minutes

ANTECEDENT CAUSE (B) DUE TO Hypertensive and Arteriosclerotic Heart Disease — years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948, to Aug 24, 1954 that I last saw the deceased alive on Aug 21 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE: Hugo J Hirshman M.D. — ADDRESS: Hagerstown Md — DATE SIGNED: 8/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8/25/54 — NAME OF CEMETERY OR CREMATORY: B'nai Abraham Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 25, 1954 — REGISTRAR'S SIGNATURE: Elias H Bowers — 24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 27 1954
BUREAU V. S.

07944

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7929 CERTIFICATE OF DEATH

Dr Packer
Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 678 Highland Way

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) DAVID (Last) RUPP

4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1954 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feby 22 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Byron Shoe Co.
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Carlisle Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian B. Rupp
14. MOTHER'S MAIDEN NAME: Carrie (no record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 714-09-5615
17. INFORMANT & ADDRESS: James F. Rupp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Generalized Arteriosclerosis
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1954, to Aug. 26, 1954, that I last saw the deceased alive on Aug. 25, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE Robert Vh Campbell M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/28/54
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 27 1954
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

REGISTERED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07945

7930

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 1405 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) MONTGOMERY (Last) SELLERS
4. DATE OF DEATH: (Month) AUG. (Day) 26 (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 4/6/1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) RETIRED BOILER MAKER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MILL
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES SELLERS
14. MOTHER'S MAIDEN NAME: REAMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 174-03-5763
17. INFORMANT & ADDRESS: MRS. ORPHA S. SELLERS HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Asthma — Interval Between Onset And Death: Several yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchiectasis — Several yrs.

DUE TO

(c) Emphysema of lungs — Several yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1953 to Aug 26, 1954, that I last saw the deceased alive on Aug 26, 1954, and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Hagerstown Md
DATE SIGNED 8/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/29/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Greencastle Franklin Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment, Hagerstown Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07946

7931 CERTIFICATE OF DEATH Dr Beachley Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1016 Oxford Circle

3 NAME OF DECEASED. (Type or Print) (First) CHARLES (Middle) EDWARD (Last) SMITH

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1954

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: May 3 1879
9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10B KIND OF BUSINESS OR INDUSTRY: Home Builder
11 BIRTHPLACE (State or foreign country) Hagerstown Md. RFD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry J. Smith
14. MOTHER'S MAIDEN NAME: Mary Neikirk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-6617
17. INFORMANT & ADDRESS: Lloyd L. Smith

18. MEDICAL CERTIFICATION.

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Chronic Myocarditis	
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic Cardio- DUE TO	
	(C) Vascular Disease.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20 54 to Aug 28 54, that I last saw the deceased alive on Aug 28 54, and that death occurred at 4 A.M, from the causes and on the date stated above.
SIGNATURE R. E. Beachley M. D. ADDRESS Hagerstown Md. DATE SIGNED Aug 30 54

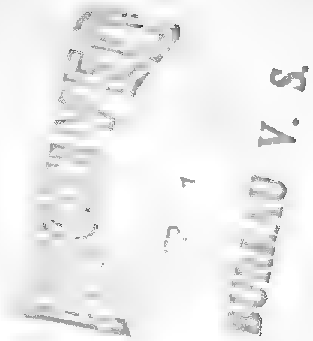
23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/30/54
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1954
REGISTRAR'S SIGNATURE E. Mark Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07947

Dr Graff

302

7960

CERTIFICATE OF DEATH

Reg. Dist. No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R. # 1.

LENGTH OF STAY (in this place) 8 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Dual Highway X

2 USUAL RESIDENCE (HOME) OF DECEASED: Maryland — Washington

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 1

STREET ADDRESS (If rural give location) Dual Highway

3 NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) BARNARD (Last) SPICKLER

4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (State): Married

8. DATE OF BIRTH: Oct 13 1891

9. AGE last birthday: 62 yrs

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10B KIND OF BUSINESS OR INDUSTRY: Milk Plant

11. BIRTHPLACE (State or foreign country): Broadfording Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Henry Spickler

14. MOTHER'S MAIDEN NAME: Amanda Sword

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mildred Spickler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 54, to Aug 29, 19 54, that I last saw the deceased alive on Aug 26, 19 54, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Louis S Snell M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8/31/54

NAME OF CEMETERY OR CREMATORY: Dunkard Cemetery

LOCATION (City, town, or county) (State): Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 31. 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

BUNTAIN R. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7932

CERTIFICATE OF DEATH

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Reg. Dist. No. 302

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg R # 3
STREET ADDRESS (If rural, give location) - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) ELLSWORTH (Last) STOTTLEMYER

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 9, 1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Middlepoint, Fred. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stottlemyer

14. MOTHER'S MAIDEN NAME: Ella Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT AND ADDRESS: Mrs. Helen Stottlemyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Calcific Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 8/19, 1954, that I last saw the deceased alive on 8/19, 1954, and that death occurred at 5:[illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-22-54 — NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery — LOCATION (City, town, or county) (State): Smithsburg, md.

DATE REC'D BY LOCAL REG. Aug. 20 1954 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, Md.

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BUREAU V. S.

7961 MARYLAND STATE DEPARTMENT OF HEALTH 07949

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 East Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown, Md.
STREET ADDRESS (If rural, give location) 25 E. Baltimore Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Elsworth (Last) Taylor
4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 5, 1893
9. AGE last birthday 61 yrs. If under 1 year Months 4 Days 5 If under 24 hrs. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Real Estate Business
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Allen Taylor
14. MOTHER'S MAIDEN NAME Martha Trone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Carl Taylor Maugansville Rd. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot into skull (22 rifle) — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Funkstown (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) 8 (Day) 11 (Year) 54 (Hour) 7 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self in forehead

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St., Hagerstown, Md DATE SIGNED 8/13-54

CASE CREMATION (Specify) Burial
DATE THEREOF Aug. 13 '54
NAME OF CEMETERY OR CREMATORY Bakersville Cemetery
LOCATION (City, town, or county) (State) Bakersville, Md.

DATE REC'D BY LOCAL REG. 9.13.1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Edith V. Leaf - Williamsport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7933 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 428 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Victoria (Middle) Nutter (Last) Taylor
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 27 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: October 23, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Princess Anne, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elijah F. Powell
14. MOTHER'S MAIDEN NAME: Sallie Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Louise Nutter, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

110X

IMMEDIATE CAUSE (A) General Carcinomatosis 1 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of Breast. 3 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1954, to Aug 27th 1954, that I last saw the deceased alive on Aug 27th 1954 and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE J. W. Beachley M. D. ADDRESS Hagerstown DATE SIGNED Aug 29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 8-30-54
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 29, 1954
REGISTRAR'S SIGNATURE: Chas. H. Towers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son, ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07951

7934 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1004 Mulberry Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1004 Mulberry Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) White (Last) Tomlinson

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 7-4-1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 1 Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall White

14. MOTHER'S MAIDEN NAME: DELLA WILCUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Clarence G. Tomlinson, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) GENERALIZED METASTATIC CARINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 54 DAYS

ANTECEDENT CAUSE (B)
DUE TO INVOLVING BRAIN, RIBS, SCAPULAE, SPINE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) SCIRRHUS CARCINOMA BREAST — 6 YEARS.
DUE TO 2 RADICAL MASTECTOMY JULY 6, 1948
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1954, to August 24, 1954, that I last saw the deceased alive on August 21, 1954, and that death occurred at 9:45 A.M., P.S.T. from the causes and on the date stated above.

SIGNATURE W. J. Layman M.D. ADDRESS Hagerstown Md. DATE SIGNED Aug 26, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-28-1954

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 27, 1954

REGISTRAR'S SIGNATURE C. Hart Towers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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UREAU V. S.

7935 MARYLAND STATE DEPARTMENT OF HEALTH 07952

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Weverton
STREET ADDRESS Route 340 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Louise (Last) Virts

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-23-1910

9. AGE last birthday: 44 yrs. If under 1 year: Months. If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Virts

14. MOTHER'S MAIDEN NAME: Jennie Grimm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Jennie Virts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute purulent pericarditis — Interval Between Onset and Death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute bacterial endocarditis — 6 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 9:50 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. Stauffer M.D. Hagerstown Md Aug 23, 1954

23. BURIAL, CREMATION REMOVAL: Burial | DATE: 8-26-1954 | NAME OF CEMETERY OR CREMATORY: Reformed | LOCATION (City, town, or county) (State): Knoxville, Maryland.

DATE REC'D BY LOCAL REG.: Aug. 26 1954 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Feete & Bro. ADDRESS: Brunswick, Maryland
B. Lee Feete

RECEIVED
AUG 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07953

7936 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md. 02
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 W. Bethel Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 37 W. Bethel Street.

3. NAME OF DECEASED: (Type or Print) (First) Othe (Middle) James (Last) Wells
4. DATE OF DEATH: (Month) 18 (Day) 14 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 17-1877n
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergymen
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kernstown, Virginia.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: George Wells
14. MOTHER'S MAIDEN NAME: Harriet Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Rose Geens. 37. W. Bethel St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease 15-20 years

ANTECEDENT CAUSE (S) DUE TO (B) Arterio Sclerosis — ? 15-20 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ✓

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A DATE OF OPERATION: 0 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) — (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1. 50, 1954, to 8/14, 1954, that I last saw the deceased alive on 8/14 1954, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE Vivian D Miller — ADDRESS D. MILLER B. W. WASHINGTON ST. HAGERSTOWN, MD. M.D. — DATE SIGNED 8/17-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-18-1954
NAME OF CEMETERY OR CREMATORY Orick Cemetery
LOCATION (City, town, or county) Winchester, Va. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 17. 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR John R. Watson Jr. ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07954

7937 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 427 W. Franklin ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 427 W. FRANKLIN ST.

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) GRACE (Last) WELTY
4. DATE OF DEATH: (Month) AUG. (Day) 26 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify):
8. DATE OF BIRTH: 11/5/1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WESLEY M. LIZER
14. MOTHER'S MAIDEN NAME: EMMA C. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-16-2908
17. INFORMANT & ADDRESS: MRS. ADA SHUPP HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Carcinoma (Metastatic) — Interval Between Onset And Death: approximately 16 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Breast — approximately 22 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 to 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to August, 1954, that I last saw the deceased alive on Aug. 25, 1954, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD 148 W. Washington St., Hagerstown, Md. 8/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/28/54
NAME OF CEMETERY OR CREMATORY Broadfording Ch. of Brethren
LOCATION (City, town, or county) (State) Washington Co. Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1954
REGISTRAR'S SIGNATURE Chas. H. Boebers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Cohen 07955

7938 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clearspring R # 1
~~STREET~~ ADDRESS (If rural give location) Connacgeague

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) --- (Last) WILES

4. DATE OF DEATH: (Month) (Day) (Year) Aug 14 1954 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug 22 1871
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Clearspring R # 1
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Wiles
14. MOTHER'S MAIDEN NAME: Louise Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 3 (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 212-14-7644
17. INFORMANT & ADDRESS: Mrs Ida Wiles

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1949, to Aug. 14, 1954, that I last saw the deceased alive on Aug. 14, 1954, and that death occurred at 10 a.m. from the causes and on the date stated above.

SIGNATURE Arlie Robert Cohen M. D. ADDRESS Clear Spring Md. DATE SIGNED 8/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/16/54
NAME OF CEMETERY OR CREMATORY St Pauls Cemetery
LOCATION (City, town, or county) (State) near Clear Springs Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 16. 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG
MUNICIPAL

7939 MARYLAND STATE DEPARTMENT OF HEALTH 07956

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. LENGTH OF STAY (in this place) 30yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Barxtex Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
STREET ADDRESS (If rural, give location) 8 Barxton Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Ashby (Last) William

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-18-1881

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janiter

10b. KIND OF BUSINESS OR INDUSTRY: Bank building

11. BIRTHPLACE (State or foreign country): Luray, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknow

14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-18-7660

17. INFORMANT AND ADDRESS: Mrs. Rachael E. William

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cerebral hemorrhage — Interval between onset and death: 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE AND DEGREE OF MEDICAL EXAMINER: S. Robert Mello M.D., WASH. CO., MD. ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: 8-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-27-1954

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Aug. 27 1954

REGISTRAR'S SIGNATURE: Vincent Howard

24. FUNERAL DIRECTOR AND ADDRESS: John R Watson Jr Hagerstown Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07957

7940 CERTIFICATE OF DEATH Dr weeks Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Alexander St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Alleganey
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 01-02-2
STREET ADDRESS (If rural give location) 4 Harrison St. √

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) FRANCES (Last) WILLISON

4. DATE OF DEATH: (Month) (Day) (Year) Aug 26 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Jany 2 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Bigler

14. MOTHER'S MAIDEN NAME: Mary Holtzlandinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Mary L. Miller

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Hypostasis Antemortem

ANTECEDENT CAUSE (S) DUE TO (B) Colds Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15/54, 19..., to 8/26/54, 19..., that I last saw the deceased alive on 8/26/54 19..., and that death occurred at 7:20 M, from the causes and on the date stated above.

SIGNATURE J. Arnold Weeks ADDRESS 100 N. Potomac Hagerstown, Md DATE SIGNED 8/27/54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 8/30/54 NAME OF CEMETERY OR CREMATORY Sts Peter & Paul Cemetery LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1954 REGISTRAR'S SIGNATURE Ethel Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 30 1954
BUREAU V. S.

7941 MARYLAND STATE DEPARTMENT OF HEALTH 07958

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural, give location) S. Main St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wastler (Last) Winters Sr.

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 23, 1900

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintance

10b. KIND OF BUSINESS OR INDUSTRY: Cold Storage

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Warren W. Winters

14. MOTHER'S MAIDEN NAME: Amy Stoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-03-0830

17. INFORMANT AND ADDRESS: Mrs. Anna M. Winters Smithsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho pneumonia(chemical NH_4 fumes)	
	(c) chemicsl burns to forearms & left knee and soft palate 2nd degree	2nd

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Locker Plant
(CITY OR TOWN) Smithsburg, (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 17 '54 4:30PM DST
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Clogged ammonia pipe exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. 115N. Potomac St., Hagerstown, Md. 8/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 29, 1954
NAME OF CEMETERY OR CREMATORY: Luthern Cemetery
LOCATION (City, town, or county) (State): Smithsburg Md.

DATE REC'D BY LOCAL REG.: Aug. 28.1954
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son Smithsburg Md.

RECEIVED
AUG 31 1954
BUREAU V. S.